Ackroyd House Limited

Ackroyd House

Inspection report

Ackroyd House
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Rotherham
South Yorkshire
S60 3AX

Tel: 01709364422

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30 November 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection was unannounced, and was carried out on 30 November 2016. The home was previously inspected in November 2015, where we identified breaches of regulation in relation to safety; how the service was managed; and how the service addressed the needs of people who did not have the capacity to consent to their care. We judged the service as "requires improvement" following the inspection of November 2015. You can read the report from our last inspection, by selecting the 'all reports' link for 'Ackroyd House' on our website at www.cqc.org.uk.

Ackroyd House is a 52 bed nursing home, providing care to older adults with a range of support and care needs. It is known locally as Ackroyd Clinic, and this name is on signeage at the home. At the time of the inspection there were 33 people living at the home.

Ackroyd House is in Rotherham, South Yorkshire. It is in its own grounds in a quiet, residential area, but close to public transport links and the town centre.

At the time of the inspection, there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Staff we spoke with were passionate about their work, and took steps to uphold people's dignity and privacy. Staff spoke with people with warmth and compassion, and people told us they received a good standard of care at the home.

There was an activities coordinator employed at the home who devised a thorough and imaginative activities programme which people told us they enjoyed taking part in.

People told us that food at the home was good, and the mealtimes we observed were pleasant and enjoyable experiences.

People's care needs were assessed in detail and care plans were devised to ensure they received appropriate care which met their needs.

Medicines were managed safely at the home, and staff had received appropriate training in relation to risk and keeping people safe.

Where there were incidents of suspected abuse or untoward incidents, the provider took the correct steps to ensure that people were kept safe.

Where people lacked the mental capacity to consent to their care, the provider had taken the appropriate, required steps to ensure that they complied with the law.

Quality audits, of the quality of the service were carried out by an external consultant, however, none had taken place for a period of several months due to the consultant's absence from work, meaning that there was a period of time where the provider did not have documented assurance of the quality of the service provided.

Staff and people using the service gave us a positive picture of the culture of the home, and staff told us they felt supported by the home's managers.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Medicines were managed safely at the home, and staff had received appropriate training in relation to risk and keeping people safe.

Where there were incidents of suspected abuse or untoward incidents, the provider took the correct steps to ensure that people were kept safe.

Is the service effective?

Good

The service was effective

People told us that food at the home was good, and the mealtimes we observed were pleasant and enjoyable experiences.

Where people lacked the mental capacity to consent to their care, the provider had taken the appropriate, required steps to ensure that they complied with the law.

Is the service caring?

Good

The service was caring

Staff we spoke with were passionate about their work, and took steps to uphold people's dignity and privacy. Staff spoke with people with warmth and compassion, and people told us they received a good standard of care at the home.

Is the service responsive?

Good

The service was responsive.

There was an activities coordinator who devised a thorough and imaginative activities programme which people told us they enjoyed taking part in.

People's care needs were assessed in detail and care plans were devised to ensure they received appropriate care which met their

needs.

Is the service well-led?

Requires Improvement

The service was well led, although we identified that some improvements could be made.

Audits of the quality of the service were carried out by an external consultant, however, none had taken place for a period of several months due to the consultant's absence from work.

Staff and people using the service gave us a positive picture of the culture of the home, and staff told us they felt supported by the home's managers.

Ackroyd House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 November 2016. It was unannounced, meaning that staff and management did not know we were going to be inspecting. The inspection was carried out by an adult social care inspector.

Before our inspection we reviewed the information we held about the home. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted by the provider. A notification is information about important events which the provider is required to tell us about by law.

We spoke with people who lived at Ackroyd House and observed their care, including the lunchtime meal, medicines administration and activities. As some people had difficulties in communication, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we reviewed records. These included staff training and supervision records, staff recruitment records, medicines records, risk assessments, accidents and incident records, quality audits and policies and procedures. We spoke with staff, a member of the management team and the nominated individual.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe at Ackroyd House. One person, who was receiving respite at the home, told us that staff did "everything required" to ensure the service was delivered safely, and another said: "I never worry about safety here, it's never a concern."

We looked at the arrangements in place for ensuring medication was handled safely in the home. Medicines were securely stored, and keys were held only by authorised staff. The temperature of medicines storage was recorded and action taken if the temperature varied beyond acceptable parameters.

Records we checked showed medicines were administered in accordance with people's prescriptions. We carried out an observation of staff administering medicines and saw that this was done in a safe and appropriate manner.

There were systems in place for stock checking medication, and for keeping records of medication which had been destroyed or returned to the pharmacy. The staff member responsible for medication on the day of the inspection had a good knowledge of the medication system and described that it ran efficiently.

The provider had systems in place to protect people using the service. We saw the provider had clear guidance for all employees on identifying possible abuse and reporting any concerns they had about people's welfare. Staff told us they had completed the training and the training records we looked at confirmed this. Information relating to how to identify suspected abuse and how to report abuse to the local authority was clearly displayed in the reception area of the home.

We looked at staff files to review whether staff were recruited in a safe way. We checked four staff files and saw they included relevant records for the recruitment of staff, including checks with the Disclosure and Barring Service (DBS). The DBS check helps employers make safer recruitment decisions in preventing unsuitable people from working with children or vulnerable adults. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults. In addition to a DBS check, all staff provided a checkable work history and two referees, although in one of the files we checked we noted that only one reference appeared to have been followed up. The home's deputy manager told us they would look into this.

During the inspection, we saw there were enough staff to provide people with the care and support they needed. We did not see people having to wait for care and support. Staff responded promptly when people used the call bell system in their rooms.

We looked at how the provider managed the risks that people may present or be vulnerable to. We checked a sample of four people's care files and saw that each contained comprehensive risk assessments, which were regularly reviewed and updated where necessary so that they remained relevant to the person's needs. Where accidents or incidents occurred the provider took appropriate action to assess what had happened and take steps to minimise the risk of further incidents.

Good

Is the service effective?

Our findings

We asked people using the service about the food available in the home. They were all extremely positive in their responses. One person said: "The food is always good, there's lots of it. Today I'm having braising steak but there's always a choice." Another described the food as "fantastic."

We observed lunch and part of breakfast at the home. We found that people were offered choices, and staff ensured that the dining environment was pleasant and calm. Where people needed assistance to eat staff offered this promptly and discreetly. Our observations showed that staff knowledge of people's food preferences was good.

We checked four people's care records to look at what information was available in relation to people's food and drink preferences. We saw that there was a good level of detail about food and drink that people liked or disliked, as well as information relating to their eating and drinking preferences, for example, what drink they would like to be taken when they woke up each morning, or any evening snacks they might prefer.

Where people were at risk of harm in relation to eating and drinking, for example at risk of malnutrition or dehydration, this was assessed and was closely monitored. Where required referrals to external healthcare professionals were made and any subsequent guidance was followed.

We checked records of training and saw that staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)

We found that appropriate DoLS applications had been made. Where DoLS had been authorised the provider was acting in accordance with any conditions of the person's DoLS authorisation. We did not identify anyone who was being inappropriately deprived of their liberty at the home.

We also checked people's files in relation to decision making for people who are unable to give consent. The Mental Capacity Act 2005 sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. The files we checked showed that the provider had ensured that where people had the mental capacity to provide consent to receiving care, this had been obtained. Where people lacked capacity, there was evidence that decisions had been taken in their best interests. We noted, however, that records did not always show details of all the people who had contributed to the decision making process. We discussed this with the nominated individual on the day of the inspection and they described the steps they would take to address this.

We spoke with staff about the training available at the home. They told us that training was plentiful, and records we checked confirmed this. There was a training event occurring at the home during the inspection, and the provider employed a dedicated training officer to deliver training both at this home and the provider's other locations.

Good

Is the service caring?

Our findings

People we spoke with praised the caring approach of the staff at Ackroyd House. One person described the staff as "fantastic" and another said: "They [the staff] can't do enough for you, they are amazing."

All of the care interactions we observed during the inspection were extremely positive. Staff spoke with people respectfully and warmly but also, where appropriate, with a sense of fun. The atmosphere throughout the day of the inspection was pleasant and enjoyable. People were observed to be laughing and joking with staff, and staff responded in an appropriate and friendly manner. We also observed one person who appeared to become distressed. We saw that staff responded quickly and sat with the person, giving them kindly reassurance and talking with them until their distress subsided.

We spoke with staff about how they respected people's privacy and dignity. They described the steps they routinely took, including understanding people's need for privacy in their rooms, and addressing people in the manner in which they wished to be addressed. One staff member said to us: "Dignity has to underpin everything we do, it's the most important thing and I think it gets overlooked in some other homes." At times, we noticed that staff were required to have conversations with each other about people's care needs or who required support. Staff ensured that they conducted each conversation discreetly, ensuring they upheld people's privacy.

Considerable steps were taken to ensure people were involved in their care and the way the home was run. A few days before the inspection the home had been trimmed up for Christmas. We saw photographs showing how people had been involved in this, and staff described that it had been a fun and enjoyable event. Where people had wanted their own rooms trimmed as well staff had facilitated this.

We checked a sample of four care plans to look at how involved people had been in their care. We noted that where people had the ability to sign their care plans to show that they had contributed to them this had not always taken place. Nevertheless, the care plans we looked at showed a high level of personal details, including people's personal histories and past achievements as well as their current preferences and tastes. This showed that each person and their families had contributed to the care planning process, and people's individual preferences had been taken into consideration when the provider was developing their care package.

Good

Is the service responsive?

Our findings

The home employed a dedicated activities coordinator who ensured a wide and varied range of activities were available both within the home and in the wider community. During the inspection people were practising for a singing performance which was planned to take place at a forthcoming Christmas fayre at the home. They had also recently been involved in making Christmas decorations and a trip out for a pub meal was planned for the next few days.

The activities coordinator showed imagination and enthusiasm in designing the activities programme and in facilitating individual activities. There was a sense of fun and enjoyment in the activities we observed, and people were laughing and praising the activities.

The staff we spoke with and the provider had a very thorough knowledge of the people they were providing care and support to. They spoke with warmth about the people they were supporting and demonstrated their knowledge of people's care needs and individual preferences and interests. There was genuine empathy and warmth shown when staff and people using the service interacted with each other.

We asked people using the service whether staff were responsive to their needs. One said: "Yes, if I need anything they sort it out." Another described how, if they rang the nurse call bell in their room, staff would attend. They described the wait as "one to two minutes" at the most, and said often they rang the call bell for staff to bring them a drink to their room, which was always done "happily" by staff.

There was documented evidence in the care plans we looked at which showed that people's individual needs were considered when their care plans were being devised, and also that when people's needs changed their care plans were updated to reflect this.

People we spoke with told us they felt confident to raise concerns or complaints if they needed to. One person said: "I'd tell the manager, but I've no complaints." Another told us that they regularly chatted with the owner of the home, and said if they had any concerns they would feel confident speaking with him.

We checked the provider's records and found that they had received one formal complaint in the preceding year. This had been thoroughly investigated in accordance with the provider's own policy, and the complainant had received a written response. There was information about how to make a complaint available to people using the service within the information given to them when they moved in.

Requires Improvement

Is the service well-led?

Our findings

When we inspected the home in November 2015, we found that the provider was not adequately auditing the service. We considered that this constituted a breach of regulation, and told the provider that they were required to make improvements in this area. At the inspection of November 2016 we found that although some steps had been taken to make improvements, further progress was required.

We asked people using the service about the home's management. They told us that managers were visible and accessible, and all of the people we asked knew the owner of the home. Staff we spoke with told us they felt supported to do their job, and felt that they could speak with the home's manager if they had any concerns. One staff member described the home's registered manager as very knowledgeable and said that they operated an open door approach, meaning that they could speak with them easily. Another staff member described how the home's owner had recently enabled them to commence a formal qualification and said that they had felt highly supported in relation to this.

Formal quality audits of the quality of service provided were carried out by an external consultant, although there had been a period of several months when this hadn't taken place due to the external consultant being absent from work. We discussed the impact of this with the provider who confirmed in writing after the inspection that they had put arrangements in place for quality audits to be carried out by other personnel should the consult be absent again, in order to ensure that the quality of the service provider was regularly monitored.

We looked at the audits that had been undertaken and found that they were in two formats. The most recent audit was thorough and detailed, and looked at all aspects of the way the service was provided. However, it did not check any actions from the previous audit, which meant that issues were not always followed up. For example, the audit that had taken place in January 2016 identified that the provider did not have an adequate system in place for responding to authorisations to deprive people of their liberty. The audit of October 2016 did not follow this up. We found that the provider had failed to notify CQC of authorisations to deprive people of their liberty, an issue that may have been addressed if adequate systems in relation to monitoring deprivation of liberty authorisations were in place.

The provider told us that the newer format of audit was one that was going to be used from now on, however, as it had only just been introduced it was not yet embedded in to practice and therefore we couldn't assess its effectiveness.

The provider had systems in place to gather feedback from people using the service and their relatives. We looked at the most recent survey and found all the responses were predominantly positive. We asked how the feedback was monitored. The home's deputy manager told us that the registered manager read every survey response and acted on any concerns individually rather than having a documented system in place to evidence their responses.

There were regular team meetings which were used to ensure staff understood developments and changes

within the home, and where staff could give feedback about concerns or improvements. Staff we spoke with told us they had regular opportunities to contribute to decision making about the way the home was run, and described the culture of the home as open and supportive.